

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒

Initial Notification

☐B. Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

WV R 0000017376

## II. Name of Installation (Include company and specific site name)

D A I L Y A T H E N E A U M

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

2 8 4 P R O S P E C T S T R E E T

Street (Continued)

City or Town

M O R G A N T O W N

State

Zip Code

W V

2 6

5 0

6 -

6

County Code

County Name

0 6

M O N O N G A L I A

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P O B O X 6 4 2 7

City or Town

M O R G A N T O W N

State

Zip Code

W V

2 6

5 0

6 -

6 4

2 7

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

C O L L I N S

(First)

R O N

Job Title

H W S P E C I A L I S T

Phone Number (Area Code and Number)

3 0 4 - 2 9 3 - 3 7 9 2

## VI. Installation Contact Address (See Instructions)

A. Contact Address  
Location Mailing☒☒

B. Street or P.O. Box

P O B O X 6 5 5 1

City or Town

M O R G A N T O W N

State

Zip Code

W V

2 6

5 0

6 -

6 5

5 1

## VII. Ownership (See Instructions)

## A. Name of Installation's Legal Owner

W V B O A R D O F T R U S T E E S

Street, P.O. Box, or Route Number

1 0 1 8 K A N A W H A B L V D E S U I T E 7 0 0

City or Town

C H A R L E S T O N

State

Zip Code

W V

2 5

3 0

1 -

Phone Number (Area Code and Number)

3 0 4 - 5 5 8 - 2 7 3 6

B. Land Type

S

C. Owner Type

S

D. Change of Owner Indicator

Yes

XX

No

(Date Changed)  
Month Day Year

- 2 of 2 -

# EVALUATION - VIOLATION - ENFORCEMENT FORM

Status Change  
AC 2/28/02

Handler ID Number WVR000017376		Contact Name Jamie Greene	12/2000 VERSION RESERVED FOR EPA USE
Handler Name WVH Daily Athenaeum		AC 2/28/02	
Street 284 Prospect Street	City Morgantown		

UNIVERSE CHANGE REQUIRED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
I. Indicate the facility's current universe(s): SQG	III. Indicate the new transporter status (Mark here only if the Facility requires a transporter status change):				
II. Indicate the new RCRIS Generator Universe: (mark only one) LQG <input type="checkbox"/> CEG <input checked="" type="checkbox"/> NON-HANDLER <input type="checkbox"/> SQG <input type="checkbox"/> CLOSED <input type="checkbox"/>	<table border="1"> <tr> <th>Transporter</th> <th>Non-Transporter</th> </tr> <tr> <td>If the transporter box is checked, you must check at least one of the boxes below: Mark Mode of Transportation  <input type="checkbox"/> Air <input type="checkbox"/> Water  <input type="checkbox"/> Rail <input type="checkbox"/> Other  <input type="checkbox"/> Highway </td> <td>Check this box if the facility is currently listed in RCRIS as a transporter and no longer transports hazardous waste. <input type="checkbox"/></td> </tr> </table>	Transporter	Non-Transporter	If the transporter box is checked, you must check at least one of the boxes below: Mark Mode of Transportation <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Rail <input type="checkbox"/> Other <input type="checkbox"/> Highway	Check this box if the facility is currently listed in RCRIS as a transporter and no longer transports hazardous waste. <input type="checkbox"/>
Transporter	Non-Transporter				
If the transporter box is checked, you must check at least one of the boxes below: Mark Mode of Transportation <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Rail <input type="checkbox"/> Other <input type="checkbox"/> Highway	Check this box if the facility is currently listed in RCRIS as a transporter and no longer transports hazardous waste. <input type="checkbox"/>				

EVALUATION	Add <input type="checkbox"/>	Change <input checked="" type="checkbox"/>	Delete <input type="checkbox"/>
Date 02 06 02	Number 	Agency S	Type CEP
Reason 	Branch CA	Person WVJAM	

AREAS OF EVALUATION (E - Evaluated NE - Not Evaluated NA - Not Applicable)									
GGR <input type="checkbox"/> E	GSC <input type="checkbox"/> E	TWD <input type="checkbox"/>	DGW <input type="checkbox"/>	DOR <input type="checkbox"/>	DWP <input type="checkbox"/>	BRR <input type="checkbox"/>	FEA <input type="checkbox"/>	GLB <input type="checkbox"/> E	GSQ <input type="checkbox"/> E
GMR <input type="checkbox"/> E	GEX <input type="checkbox"/> E	DCH <input type="checkbox"/>	DLB <input type="checkbox"/>	DPB <input type="checkbox"/>	DIN <input type="checkbox"/>	BPS <input type="checkbox"/>	CSS <input type="checkbox"/> E	GOR <input type="checkbox"/> E	DCL <input type="checkbox"/>
GPT <input type="checkbox"/> E	TGR <input type="checkbox"/>	DCP <input type="checkbox"/>	DLF <input type="checkbox"/>	DPP <input type="checkbox"/>	DIA <input type="checkbox"/>	BIS <input type="checkbox"/>	UOR <input type="checkbox"/> E	GRR <input type="checkbox"/> E	DLT <input type="checkbox"/>
GRR <input type="checkbox"/> E	TMR <input type="checkbox"/>	DFR <input type="checkbox"/>	DMC <input type="checkbox"/>	DSI <input type="checkbox"/>	DPS <input type="checkbox"/>	BCE <input type="checkbox"/>	UWR <input type="checkbox"/> E		DMR <input type="checkbox"/>
	TOR <input type="checkbox"/>	DGS <input type="checkbox"/>	DMR <input type="checkbox"/>	DTR <input type="checkbox"/>	DOP <input type="checkbox"/>	BDT <input type="checkbox"/>			DTT <input type="checkbox"/>
				DTT <input type="checkbox"/>	DMI <input type="checkbox"/>	CAS <input type="checkbox"/>			

Comments: \_\_\_\_\_

OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION			
Agency	Number	Area	Date Determined

VIOLATION	Add <input type="checkbox"/>	Change <input checked="" type="checkbox"/>	Delete <input type="checkbox"/>	Link to Above Evaluation? (Y/N)
Agency S	Number 1	Area GPT	Class 	Reg Type SR
Date Determined 11 07 01	Branch CA	Person WVJAM	RTC Qualifier 	Regulation Citation 40 CFR 261.5(g)(3)
Returned to Compliance Scheduled <input type="checkbox"/> Actual <input type="checkbox"/>				

VIOLATION	Add <input type="checkbox"/>	Change <input checked="" type="checkbox"/>	Delete <input type="checkbox"/>	Link to Above Evaluation? (Y/N) N
Agency S	Number 1	Area GPT	Class 	Reg Type SR
Date Determined 11 07 01	Branch CA	Person WVJAM	RTC Qualifier 	Regulation Citation 40 CFR 261.5(g)(3)
Returned to Compliance Scheduled <input type="checkbox"/> Actual <input type="checkbox"/>				

Comments: Returned to compliance



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ WVR000017376 02/18/00

INSTALLATION ADDRESS

WVU DAILY ATHENEUM  
PO BOX 6551  
MORGANTOWN , WV 265066551  
RON COLLINS H W SPECIALIST  
284 PROSPECT ST  
MORGANTOWN , WV 26506